

Exhibit E

NOV 30, 2022 11:36 AM

Robin C. Bishop
Robin C. Bishop, Clerk of State Court
Cobb County, Georgia

IN THE STATE COURT OF COBB COUNTY
STATE OF GEORGIA

HARRIETT REID,
Plaintiff,

vs.

PUBLIX SUPER MARKETS, INC.,
Defendant.

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Civil Action No. 22-A-3693

DEFENDANT PUBLIX SUPER MARKETS, INC.'S FIRST
INTERROGATORIES TO PLAINTIFF

Pursuant to O.C.G.A. § 9-11-33, you are hereby required to answer the following Interrogatories, separately and fully in writing under oath, within thirty (30) days of service thereof.

You are under a duty reasonably to supplement your response to any questions directly addressed to the identity and/or location of a person having knowledge of discoverable matters and the identity of each person expected to be called as an expert witness at trial, the subject matter of which each is expected to testify, and the substance of each one's testimony.

In answering the following interrogatories, you are requested to give full and complete answers based upon your personal knowledge as well as that of agents, employees, investigators or attorneys who may have obtained information in your behalf.

1.

Please state your full name, current address, date of birth and social security number.

2.

If you are married, please state your spouse's full name, the length of your marriage, whether you have previously been married, and whether you have any children. In the event you have previously been married, please state the full name of your former spouse(s) and the reason for the termination of each previous marriage. If you have any children, please state their full name(s) and age(s).



3.

In the event you have been charged with a criminal offense, please state the nature of each offense, the date charged, the disposition of the charge, the date of disposition and the court or courts in which the disposition of such charge or charges took place.

4.

If you were ever a plaintiff or a defendant in a lawsuit of any kind prior to or subsequent to this litigation, please provide details as to that prior lawsuit, including the names of the parties, the court in which the action was filed, the year the action was filed, and the allegations made in the lawsuit.

5.

If you have ever made any other claim for bodily injuries of any kind, against any person, firm or corporation (including any insurance company), please state the nature and date of each such claim, the name of the person, firm or corporation against whom the claim was made, and the outcome of such claim.

6.

If, prior to or subsequent to the incident complained of, you have ever suffered from a similar injury or medical condition, please fully describe such injury stating when and where such injury was sustained and whether a claim for personal injury was made by you and, if so, against whom such claim was made.

7.

If, prior to or subsequent to the incident complained of, you have suffered from any bodily injury or medical condition, please fully describe such injury, stating when and where such injury was sustained and whether a claim for personal injury was made by you and, if so, against whom such claim was made.

8.

As to any medical or other healthcare attention you have received within the twenty (20) years preceding the incident complained of in your Complaint, please state the name and address of each and every physician, surgeon or practitioner of any healing art who has treated you, the date of each visit to said physician, surgeon or practitioner of any healing art or, if such date is not known, the date of the first visit and the approximate number of subsequent visits for related injuries or illnesses, and the reason for such examination or treatment.

9.

As to any medical or other healthcare treatment that you have received for any injuries for which recovery is sought in the within lawsuit, please state the name and address of each and every physician, surgeon or practitioner of any healing art who has treated you, the dates of treatment with said physician, surgeon or practitioner of any healing art and the approximate number of visits for related injuries or illnesses, and the reason for such examination or treatment.

10.

If you have been hospitalized at any time **prior to** the incident complained of, please state the name and address of each hospital, the date(s) of any treatment received in said hospital, the nature of the treatment rendered in each such hospital and the name and address of your attending physician.

11.

If you have been hospitalized at any time **subsequent to** the incident complained of, please state the name and address of each hospital, the date(s) of any treatment received in said hospital, the nature of the treatment rendered in each such hospital and the name and address of your attending physician.

12.

If, to your knowledge, information or belief any of the physicians, surgeons, practitioners of any healing art or hospitals referred to above, made any reports, statements or bills concerning your medical condition, please describe each such report, statement or bill, giving as to each the title or description thereof, and the date and name of the person making such report, statement or bill.

13.

Please state in detail your activities during the twenty-four (24) hour period immediately preceding the incident complained of in this action.

14.

Please state whether you consumed any alcohol, or any prescription or nonprescription medications or drugs during the twenty-four (24) hour period immediately preceding the incident complained of in this action.

15.

Please state the date, approximate time and exact location of the incident complained of in your Complaint occurred.

16.

Please diagram by drawing or words the exact location of the occurrence of the incident complained of in this action.

17.

Please describe in detail what you were doing at the time of the occurrence of the incident complained of in this action.

18.

Please state in detail how you contend the incident complained of in this action occurred.

19.

Please describe in detail every act or omission on the part of this Defendant which you contend caused, contributed to or brought about the incident complained of in your Complaint.

20.

State the name, address and employer of any person, including any party who, to your knowledge, information or belief was an eyewitness to the incident complained of in this action, has some knowledge of any fact or circumstance upon which your allegations of negligence, causation and damages are based, and your relationship to any such person.

21.

Please describe each and every statement or report which to your knowledge, information or belief has been made by any person named in answer to the preceding interrogatory, giving as to each the date, the subject matter, the parties present when made and the form (whether oral, written, recorded, etc.).

22.

If there are any photographs, drawings or other graphic representations of the scene of the incident complained of in this action, any instrumentality alleged to have caused the alleged damages, or of your alleged injury, please fully describe each such photograph, drawing or graphic representation, giving as to each the date and by whom it was made, the subject matter represented and the form (whether photographic print, transparency, diagram, plat, etc.).

23.

Please fully describe each and every documentary or other tangible evidence which you contend supports your allegations of negligence, causation or damage, stating as to each item the nature, form and the subject or contents, and the name and address of the person having custody of each such item.

24.

List each and every element of damages you contend you are entitled to recover.

25.

Itemize all expenses and special damages which you claim resulted from the incident complained of, including, but not limited to, medical and hospital expenses and loss of earnings.

26.

If you received any injuries as a result of the incident which is the subject matter of the above-captioned lawsuit, please describe fully each injury and state when you first became aware of the injury, indicating the date and hour.

27.

State the name and address of every physician, surgeon, or practitioner of any healing art who has examined or treated you (or who has been consulted with by you or your attorney), for any complaint which you contend resulted from the incident complained of in your Complaint, stating the date of your first and last visit to each such person and the approximate total number of visits to each such person.

28.

State the name and address of your employer(s), if any, on the date of the incident complained of, the length of your employment with said employer(s), your total salary, commissions or other compensation, the services and duties you were required to perform, and the place(s) where you worked or performed those services and duties.

29.

If you have missed any work as a result of injuries received in this incident, please state the date(s) you were absent, the total number of hours lost and the total compensation received for same from any source whatsoever.

30.

If there is any activity which you could engage in before the incident complained of, but which as a result of the injuries received in the incident you cannot engage in now, please give a description of the activity and in what way you are now restricted from participating in same and state whether you will be able to engage in the activity in the future, and, if so, when.

31.

Please state whether you are eligible to receive or have received any benefits or payments from any collateral sources reimbursing you in full or in part for any medical, hospital, or other expense or loss including loss of wages incurred as a result of the incident complained of in your Complaint including, but not limited to, workers' compensation or other benefits, whether paid by an insurance company, voluntarily paid by your employer, or others, giving full details as to each such benefit, including the name and address of the person, organization, governmental agency or insurance company making or responsible for each such payment, the policy and claim number of any insurance company involved, the aggregate limits of coverage, the total amount paid or payable, the weeks for which any lost income payment has been made or is payable, and the State claim number of any applicable workers' compensation claim; the cost to you for receiving such benefits and the extent to which such benefits will apply to any future special damages (e.g. the limits of any applicable insurance policies, the availability of workers' compensation benefits in the future, any applicable wage continuation plans, etc.).

32.

Are you required to repay any of the benefits referred to above or do any of the providers of such benefits claim a right of subrogation? If so, please explain in detail.

33.

State the name, address and telephone number of each and every expert whom you expect to call as a witness at the trial of the case and with regard to such witness state the subject matter and substance of the facts and opinions upon which the expert is expected to testify, and a summary of the grounds for each opinion.

34.

State the name, address and telephone number of each and every expert whom you or your attorney have employed as an expert in the case and whom you do not expect to call as a witness and state with regard to each expert the facts and opinions held by such expert.

35.

At the time of the subject incident or at any point subsequent to this incident, were you eligible to receive Medicare or Medicaid benefits and, if so, please state:

- (a) Whether Medicare or Medicaid has paid any such benefits to you or on your behalf;
- (b) Whether Medicare or Medicaid has informed you that they are seeking subrogation or any other type of reimbursement benefits paid to you or on your behalf;
- (c) Whether you have made any agreements with Medicare or Medicaid to repay any such amounts sought by Medicare or Medicaid;
- (d) Your Medicare health insurer number, if available; and
- (e) The name, address, and tax payer identification number of all Plaintiff's attorneys affiliated with your representation in this matter.

36.

Please describe in detail the exact location of the alleged fall as referenced in Plaintiff's Complaint.

37.

Does the Plaintiff possess any photographs taken of the exact location of the alleged fall as referenced in the Plaintiff's Complaint?

This ____ day of _____, 2022.

FAIN MAJOR & BRENNAN, P.C.

One Premier Plaza
5605 Glenridge Drive, NE
Suite 900
Atlanta, GA 30342-1445
(404) 688-6633
jhardee@fainmajor.com

/s/ James W. Hardee
JAMES W. HARDEE
Georgia Bar No. 324399
Counsel for Publix Super Markets, Inc.

**IN THE STATE COURT OF COBB COUNTY
STATE OF GEORGIA**

**HARRIETT REID,
Plaintiff,**

vs.

**PUBLIX SUPER MARKETS, INC.,
Defendant.**

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Civil Action No. 22-A-3693

CERTIFICATE OF SERVICE

This is to certify that I have this date served upon counsel for the opposing parties in the foregoing matter a copy of the **Defendant's First Interrogatories to Plaintiff** electronically via PeachCourt, via statutory electronic service, or by placing same in the United States Mail, postage prepaid, addressed as follows:

Anthony J. Herro
THE HERRO LAW FIRM
3495 Piedmont Rd. NE
Bldg 11, Suite 824
Atlanta, GA 30305
anthony@herrolaw.com

This 30th day of November, 2022.

FAIN MAJOR & BRENNAN, P.C.

One Premier Plaza
5605 Glenridge Drive, NE
Suite 900
Atlanta, GA 30342-1445
(404) 688-6633
jhardee@fainmajor.com

/s/ James W. Hardee

JAMES W. HARDEE
Georgia Bar No. 324399
Counsel for Publix Super Markets, Inc.

NOV 30, 2022 11:36 AM

Robin C. Bishop
Robin C. Bishop, Clerk of State Court
Cobb County, Georgia

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Civil Action No. 22-A-3693

**DEFENDANT PUBLIX SUPER MARKETS, INC.'S FIRST REQUEST FOR
PRODUCTION OF DOCUMENTS TO PLAINTIFF**

COMES NOW Defendant and files this Request for Production of Documents pursuant to O.C.G.A. § 9-11-34(a), and requires Plaintiff to comply with said Code Section as follows by producing and permitting counsel for Defendant to inspect and copy each of the following documents:

1.

Please produce each and every statement, report or writing of any kind prepared by any individual(s) who was an eyewitness to the incident complained of in this action.

2.

Please produce each and every statement, report or writing of any kind prepared by any individual(s) who has some knowledge of any fact or circumstance upon which your allegations of negligence, causation and/or damages are based.

3.

Please produce each and every photograph, drawing, diagram, map or graphic representation of the scene of the incident complained of in this action.

4.

Please produce each and every photograph, drawing, diagram, or graphic representation of any instrumentality alleged to have caused the alleged damages.

5.

Please produce each and every photograph, drawing, diagram, or graphic representation of your alleged injury.



6.

Please produce each and every documentary or other tangible evidence which you contend supports your allegations of negligence, causation and/or damages.

7.

Please produce any and all hospitalization records and reports, including billing statements of any kind, in your possession from any hospitalizations or hospital visits occurring at any time prior or subsequent to the subject incident underlying the Complaint in this matter.

8.

Please produce any and all medical records and reports, including billing statements of any kind, from each and every hospital, physician, surgeon or practitioner of the healing art, generated or prepared as a result of any type of treatment rendered to you allegedly as a result of the subject incident underlying the Complaint in this matter.

9.

If you claim loss of any wages or income, please produce all of your federal income tax returns for the five (5) years immediately preceding the date of your response to this Request.

10.

Please produce a true and complete copy of any and all written reports rendered to you from each and every expert witness, including treating physicians, who are expected to testify in any respect at trial concerning your allegations of negligence, causation and/or damages in this matter.

11.

Please produce a complete and true copy of any and all written reports rendered to you by each and every expert witness, including treating physicians, in any manner consulted by you with respect to your allegations of negligence, causation and/or damages in this matter, whether or not such expert witness(es) is expected to testify at trial.

12.

Produce any and all documents, including but not limited to, correspondence to and from Medicare and/or Centers for Medicare and Medicaid Services (CMS) and/or Medicare Secondary Payer Recovery Contractor (MSPRC) which in any way reference your request for benefits, your receipt of benefits, and/or your denial of benefits at any time, including benefits made in relation to injuries allegedly sustained as a result of the subject incident.

This 30th day of November, 2022.

FAIN MAJOR & BRENNAN, P.C.

One Premier Plaza
5605 Glenridge Drive, NE
Suite 900
Atlanta, GA 30342-1445
(404) 688-6633
jhardee@fainmajor.com

/s/ James W. Hardee

JAMES W. HARDEE
Georgia Bar No. 324399
Counsel for Publix Super Markets, Inc.

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Civil Action No. 22-A-3693

CERTIFICATE OF SERVICE

This is to certify that I have this date served upon counsel for the opposing parties in the foregoing matter a copy of the **Defendant Publix Super Markets, Inc.'s First Request for Production of Documents to Plaintiff** electronically via PeachCourt, via statutory electronic service, or by placing same in the United States Mail, postage prepaid, addressed as follows:

Anthony J. Herro
THE HERRO LAW FIRM
3495 Piedmont Rd. NE
Bldg 11, Suite 824
Atlanta, GA 30305
anthony@herrolaw.com

This 30th day of November, 2022.

FAIN MAJOR & BRENNAN, P.C.

One Premier Plaza
5605 Glenridge Drive, NE
Suite 900
Atlanta, GA 30342-1445
(404) 688-6633
jhardee@fainmajor.com

/s/ James W. Hardee

JAMES W. HARDEE
Georgia Bar No. 324399
Counsel for Publix Super Markets, Inc.